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RESPONSE UNDER 37 C.F.R. § 1.116  
EXPEDITED PROCEDURE  
EXAMINING GROUP 2854

03500.015299

PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:	)	
	:	Examiner: Daniel J. Colilla
YOSHINOBU SHIRAIWA	)	
	:	Group Art Unit: 2854
Appln. No.: 09/835,443	)	
	:	
Filed: April 17, 2001	)	
	:	
For: PRINTING PAPER, PRINT FORMING	)	
PROCESS AND PRINTING SYSTEM	:	September 13, 2005

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

AMENDMENT AFTER FINAL REJECTION

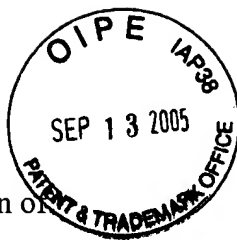
Sir:

In response to the final Office Action dated June 13, 2005, Applicant respectfully  
submits the following amendments and remarks.

09/14/2005 JADD01 00000006 09835443

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*AF*

In re Application of

Docket No. 03500.015299

YOSHINOBU SHIRAIWA

Application No.: 09/835,443

Examiner: Daniel J. Colilla

Filed: April 17, 2001

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Commissioner for Patents

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Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment After Final Rejection in the above-identified application.

☒ An additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	8	MINUS	20	0	x \$25 \$50	0
INDEP. CLAIMS	4	MINUS	3	1	x \$100 \$200	\$200.00
Fee for Multiple Dependent claims \$180/\$360						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$200.00

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

☒ A check in the amount of \$200.00 is enclosed.

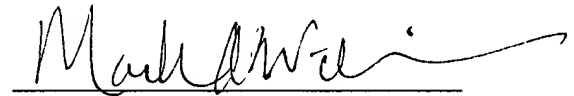
☐ Charge \$\_\_\_\_ to Deposit Account No. 06-1205. A duplicate of this sheet is enclosed.

☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate of this paper is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the fee for a \_\_\_\_ month extension is enclosed.

☐ A check in the amount of \$\_\_\_\_ to cover the Information Disclosure Statement fee is enclosed.

☒ Applicant's undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 530-1010. All correspondence should be directed to our address given below.



Mark A. Williamson  
Attorney for Applicant  
Registration No. 33,628

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New York, New York 10112-3800  
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